



MANUAL CLAIM FORM
VTPOP CLAIM - NCPDP vD.0

Return to: Goold Health Systems, Inc.
1 Greentree Drive, Suite 2
S. Burlington, VT 05403
Fax Number: 1-844-679-5366

Patient Name		Cardholder ID				Pharmacy Name				NABP			
Street Address	City	Plan Name	Patient DOB		Gender	Pharmacy Address				NPI			

Claim 1

Comments:		Other Coverage Code				Total Amount Billed		
Rx Number	Ref #	Prescriber NPI #	Prescriber Name		Date Prescribed	Date Filled	Quantity	Days' Supply
PA #	MN	Drug Name, Strength, Dosage, Mfg.	NDC		Primary Copay		Submission Clarification Code	

Coordination of Benefits (COB) – Other Payer Information

Other Payer ID		ID Qual.		Other Payer Date		OPAP		OPPPRA	
1						Qual	Amt	Qual	Amt
2						Qual	Amt	Qual	Amt

Claim 2

Comments:		Other Coverage Code				Total Amount Billed		
Rx Number	Ref #	Prescriber NPI #	Prescriber Name		Date Prescribed	Date Filled	Quantity	Days' Supply
PA #	MN	Drug Name, Strength, Dosage, Mfg.	NDC		Primary Copay		Submission Clarification Code	

Coordination of Benefits (COB) – Other Payer Information

Other Payer ID		ID Qual.		Other Payer Date		OPAP		OPPPRA	
1						Qual	Amt	Qual	Amt
2						Qual	Amt	Qual	Amt

Provider Signature		Date Signed			
--------------------	--	-------------	--	--	--